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**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J09662 (4)**

1. Corporation Name
BURNS TRAFFIC SERVICES, INC.



Principal Place of Business: **% HARRY ADDISON BURNS, JR. RT. 2 BOX 2228 HIGH SPRINGS FL 32643**

Mailing Address: **% HARRY ADDISON BURNS, JR. RT. 2 BOX 2228 HIGH SPRINGS FL 32643-9802**

3. Date Incorporated or Qualified: **04/14/1986**

3a. Date of Last Report: **04/15/1996**

4. FEI Number: **59-2607542**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.: **20104 NW 184 Terr**

26. Suite, Apt. #, etc.: **20104 NW 184 Terr**

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**BURNS, HARRY ADDISON, JR.
RT. 2 BOX 2228
HIGH SPRINGS FL 32643**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable): **20104 NW 184 Terr**

83.

84. City: **FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/26/97**

12. OFFICERS AND DIRECTORS

1. TITLE: **PD** DELETE

2. NAME: **BURNS, HARRY A., JR.**

3. STREET ADDRESS: **RT. 2 BOX 2228**

4. CITY-ST-ZIP: **HIGH SPRINGS FL**

5. TITLE: **D** DELETE

6. NAME: **BURNS, JANE T.**

7. STREET ADDRESS: **RT. 2 BOX 2228**

8. CITY-ST-ZIP: **HIGH SPRINGS FL**

9. TITLE: DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY-ST-ZIP:

13. TITLE: DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D; P; VP** Change Addition

1.2 NAME:

1.3 STREET ADDRESS: **20104 NW 184 Terr**

1.4 CITY-ST-ZIP:

2.1 TITLE: **D; S; T** Change Addition

2.2 NAME:

2.3 STREET ADDRESS: **20104 NW 184 Terr**

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* (Name: T. Burns) 3-26-97 904 462 1623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)